ALGOMA LTC UNIT 1510 FREMONT STREET

1010 1101011 011001			
ALGOMA 54201 Phone: (920) 487-5	511	Ownership:	City
Operated from 1/1 To 12/31 Days of Operation	on: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	43	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	61	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	43	Average Daily Census:	43
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Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)					
Home Health Care Supp. Home Care-Personal Care	No No	. 1					23.3 46.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	25.6	
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	11.6 39.5	 	95.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.9	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.6	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0	0.0		- Nursing Staff per 100 Reside		
Home Delivered Meals No		Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	14.0	65 & Over	97.7			
Transportation	No	Cerebrovascular	9.3			RNs	17.3	
Referral Service	No	Diabetes	4.7	Gender	용	LPNs	20.3	
Other Services	No	Respiratory	2.3			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.9	Male	37.2	Aides, & Orderlies	51.5	
Mentally Ill	No	[Female	62.8			
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid			Other		:	Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	31	100.0	125	0	0.0	0	11	91.7	135	0	0.0	0	0	0.0	0	42	97.7
Intermediate				0	0.0	0	0	0.0	0	1	8.3	135	0	0.0	0	0	0.0	0	1	2.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		31	100.0		0	0.0		12	100.0		0	0.0		0	0.0		43	100.0

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ALGOMA LTC UNIT

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Admissions, Discharges, and	-	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03
Deaths During Reporting Period		

Admissions, Discharges, and	- 1	Percent Distribution	n of Residents	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	I	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	17.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.3	Bathing	0.0		46.5	53.5	43
Other Nursing Homes	34.8	Dressing	2.3		62.8	34.9	43
Acute Care Hospitals	34.8	Transferring	4.7		51.2	44.2	43
Psych. HospMR/DD Facilities	0.0	Toilet Use	4.7		51.2	44.2	43
Rehabilitation Hospitals	0.0	Eating	30.2		51.2	18.6	43
Other Locations	8.7	******	******	*****	* * * * * * * * * * * * * * * * * *	*****	*****
Total Number of Admissions	23	Continence		용	Special Treatmen	ts	%
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	2.3
Private Home/No Home Health	13.0	Occ/Freq. Incontine	nt of Bladder	86.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	13.0	Occ/Freq. Incontine	nt of Bowel	48.8	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	2.3
Acute Care Hospitals	8.7	Mobility			Receiving Tube	Feeding	2.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	7.0	Receiving Mech	anically Altered Diets	s 27.9
Rehabilitation Hospitals	0.0						
Other Locations	8.7	Skin Care			Other Resident C	haracteristics	
Deaths	56.5	With Pressure Sores		0.0	Have Advance D	irectives	88.4
Total Number of Discharges	1	With Rashes		25.6	Medications		
(Including Deaths)	23				Receiving Psyc	hoactive Drugs	72.1
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Ownersh		Ownership: B				ensure:			
	This	Gov	ernment	50	-99	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	8	8	Ratio	8	Ratio	ે	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	69.4	87.6	0.79	83.7	0.83	84.0	0.83	87.4	0.79	
Current Residents from In-County	90.7	77.0	1.18	72.8	1.25	76.2	1.19	76.7	1.18	
Admissions from In-County, Still Residing	52.2	25.0	2.09	22.7	2.30	22.2	2.35	19.6	2.66	
Admissions/Average Daily Census	53.5	107.5	0.50	113.6	0.47	122.3	0.44	141.3	0.38	
Discharges/Average Daily Census	53.5	108.9	0.49	115.9	0.46	124.3	0.43	142.5	0.38	
Discharges To Private Residence/Average Daily Census	14.0	48.3	0.29	48.0	0.29	53.4	0.26	61.6	0.23	
Residents Receiving Skilled Care	97.7	93.7	1.04	94.7	1.03	94.8	1.03	88.1	1.11	
Residents Aged 65 and Older	97.7	88.4	1.11	93.1	1.05	93.5	1.04	87.8	1.11	
Title 19 (Medicaid) Funded Residents	72.1	66.9	1.08	67.2	1.07	69.5	1.04	65.9	1.09	
Private Pay Funded Residents	27.9	18.9	1.48	21.5	1.30	19.4	1.44	21.0	1.33	
Developmentally Disabled Residents	0.0	0.5	0.00	0.7	0.00	0.6	0.00	6.5	0.00	
Mentally Ill Residents	48.8	46.3	1.05	39.1	1.25	36.5	1.34	33.6	1.45	
General Medical Service Residents	20.9	16.7	1.25	17.2	1.22	18.8	1.11	20.6	1.02	
Impaired ADL (Mean)	65.6	47.8	1.37	46.1	1.42	46.9	1.40	49.4	1.33	
Psychological Problems	72.1	63.4	1.14	58.7	1.23	58.4	1.23	57.4	1.26	
Nursing Care Required (Mean)	7.6	7.3	1.03	6.7	1.13	7.2	1.06	7.3	1.03	